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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: Butte County Post		2. DATE: 10/18/2017
3. FREQUENCY OF ISSUE: Weekly-Wednesday	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE $: 65.00
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): 614 State Street, Belle Fourche, Butte County SD 57717		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): same		
6. FULL NAME OF PUBLISHER: Eugene Jackson		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME: Lee Enterprises Inc.	COMPLETE MAILING ADDRESS: 201 N. Harrison St. Davenport IA, 52801	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1416	1420
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	533	455
2. Mail Subscription (Paid and or requested)	389	368
3. Paid Electronic Copies		
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	922	823
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	93	93
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	16	15
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1031	931
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	405	489
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1436	1420

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

(Signature)

Publisher
(Title)

State of South Dakota)
§
County of Pennington)

Sworn to before me this 18th day of October, 2017

Notary Public

My commission expires: 8/21/2019

(Seal)

KERRI BERARD
NOTARY PUBLIC SOUTH DAKOTA

Form: SOS REC 051 9/2